

EXHIBIT E**Karim Kabbara**

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INVOICE

To: BU Medical Campus
Doreen Nicastro
Training & Communication Director
715 Albany St
A301, Boston, MA, 02118

INVOICE DATE	INVOICE NO.	SERVICE PROVIDER	VENDOR (OUR) NO.	TERMS
3/9/1999	0005	N/A	2	N/A

LINE ITEM	DESCRIPTION	HOURS	RATE	AMOUNT
1	Coding	6		
2	Analysis	7		
3	Testing / Debuging	8		
4	Travel	6		
TOTAL DUE				

Make all checks payable to: Karim Kabbara

THANK YOU FOR YOUR BUSINESS!